



LONG-TERM INNOVATION ON-DUTY REQUEST FORM

Applicant Name(s): _____

Date: ____/____/____

Name of the Department / COE: _____

Long-Term Innovation OD Details:

S.No	PROPOSAL CONTENT	DETAILS
1	Project / Startup / Innovation Title	
2	Duration Requested	☐ 1 Month ☐ 3 Months ☐ 6 Months
3	Innovation Activity	☐ Prototype ☐ Startup ☐ Product Validation ☐ Hackathon ☐ Incubation ☐ R&D
4	Objective of Long-Term OD	
5	Work Plan / Milestones during OD Period	
7	Project Guide (Name & Designation)	
8	Innovation Mentor / Industry Mentor (if any)	
9	Innovation Lab / COE / Startup where work will be carried out	
10	Expected Outcomes	☐ Prototype ☐ Startup ☐ Grant ☐ Patent ☐ Hackathon ☐ Product Launch
11	Academic Support Required (if any)	
12	Remarks / Justification for Long-Term OD	

Project Guide	Dept. Innovation Coordinator	HoD/CoE Incharge	Head - Centre for Innovation & Entrepreneurship

Office Use (CFI): OD Approved: Yes / No Duration Approved: _____ Verified by: _____

Remarks: _____

Dean – Innovation & Entrepreneurship

Please submit the completed form to CFI Rev 1.0

Annexure

(List of documents to be submitted)

- ✓ Project Abstract
- ✓ Weekly Milestone Plan
- ✓ Gantt Chart / Timeline
- ✓ Prototype / Product Development Plan
- ✓ Hackathon / Startup / Grant Details (if applicable)
- ✓ Faculty Recommendation
- ✓ Previous Progress Report (if applicable)